

Anvil Mountain Correctional Center

Visitor
ID: _____
(Completed by Visiting Sergeant)

Please Print

Adult Visitor Questionnaire Form

Prisoner Last Name *	Prisoner First Name *	MI	Offender #	
<p>Please do not attempt to visit until you are notified that your application has been approved. The person you are applying to visit is the person who will notify you if your application is approved. If your application is denied, AMCC will notify you. Once this form has been filled out mail it to: Anvil Mountain Correctional Center: Attention Security Office PO Box 730 Nome, AK 99762 You can also email the visiting questionnaire to: doc.amcc.visiting@alaska.gov</p>				

READ CAREFULLY: * Indicates mandatory information.* Any omission or falsification of this questionnaire will be sufficient reason to deny or cancel visiting privileges. If the potential visitor is a minor, the Minor Visitor Application form must be completed by a Parent or Legal Guardian. A AMCC prisoner cannot complete the Minor Visitor Application form even if the prisoner is a parent.

Name (Last) *	Name (First) *	MI	Suffix i.e. Jr/III	Gender* M <input type="checkbox"/> F <input type="checkbox"/>	Marital Status
Date of Birth *	Last 4 Digits SSN *	ID Type *	ID Number *		
Telephone Number *	Physical Address *		Mailing Address *		
Relationship to Prisoner *	Number of Years/ Months Known *	Email Address *			

Please supply the following information and/or check the appropriate box *

Y	N	Question
<input type="checkbox"/>	<input type="checkbox"/>	Have you visited with other Alaska DOC prisoners in the last year? If yes, indicate the prisoner(s) and the location(s):
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been involved in illegal or criminal activity with the above named prisoner? If yes, when and where?
<input type="checkbox"/>	<input type="checkbox"/>	Have you any criminal matters pending, warrants, or have been in custody in the last 60 days anywhere. If yes, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	Have you been convicted of a felony in any jurisdiction? If yes, state the date, place, and nature of the conviction on an attached paper.
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently under active parole, probation supervision or any other type of supervision? If yes, state the name of your supervising probation/parole officer and the address and telephone number where he/she can be contacted. Individuals on probation or parole <u>cannot</u> visit without written permission from their probation officer <u>and</u> the superintendent's approval.
<input type="checkbox"/>	<input type="checkbox"/>	Are you a victim of the current or past crime committed by the prisoner with whom you wish to visit? If yes, please describe.
<input type="checkbox"/>	<input type="checkbox"/>	Are any of your minor visitor(s) a victim of the prisoner with whom you wish to visit? If yes, please describe.
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been an employee/volunteer/contractor for the Department of Corrections? If yes, when and where?

The information requested on this form will be used by the institution to determine whether to approve you to enter the institution as a visitor. You are not legally required to provide this information, but failure to do so may result in not allowing you to enter the institution. A check with law enforcement will be made to find out whether you have a criminal record. Whether you are approved or not, this form will be kept on file. The result of the criminal history check is destroyed. The only persons or agencies who will have access to this information will be those who have legal access to private or confidential data maintained by the Alaska Department of Corrections.

THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT PROVIDING FALSE INFORMATION ON THIS FORM IS GROUNDS FOR DENYING VISITING PRIVILEGES. If application is not legible, it will be denied.

Applicant Signature _____

Date _____

FOR OFFICE USE ONLY

Received _____ Criminal History Check Completed on _____
 Approved _____ Denied _____ Staff Initials _____

(Revised 09/22)